

Seek, Test, Treat and Retain for Criminal Justice Populations: Data Harmonization Measure

DEMOGRAPHICS

Demographic Measure

Current Age – Date of Birth	<p><i>What is your birthdate?</i></p> <p>_____ MM/DD/YYYY</p> <p><input type="checkbox"/> 7 Refused</p> <p><input type="checkbox"/> 9 Don't Know [ask follow-up question]</p> <p><i>[Follow-up question if "don't know":] About how old are you?</i></p> <p>AGE _____</p> <p><input type="checkbox"/> 999 Don't Know</p>
Ethnicity	<p><i>Do you consider yourself Hispanic/Latino? [Where did your ancestors come from?]</i></p> <p><input type="checkbox"/> 1 YES</p> <p><input type="checkbox"/> 2 NO</p> <p><input type="checkbox"/> 7 REFUSED</p> <p><input type="checkbox"/> 9 DON'T KNOW</p>
Race	<p><i>SELECT ONE OR MORE CATEGORIES</i></p> <p><input type="checkbox"/> 10 WHITE</p> <p><input type="checkbox"/> 11 BLACK/AFRICAN AMERICAN</p> <p><input type="checkbox"/> 12 INDIAN (AMERICAN)</p> <p><input type="checkbox"/> 13 ALASKA NATIVE</p> <p><input type="checkbox"/> 17 PACIFIC ISLANDER (SPECIFY)</p> <p><input type="checkbox"/> 24 OTHER ASIAN (SPECIFY)</p> <p><input type="checkbox"/> 25 SOME OTHER RACE (SPECIFY)____</p> <p><input type="checkbox"/> 77 REFUSED</p> <p><input type="checkbox"/> 99 DON'T KNOW</p>
Gender	<p><i>Are you male or female?</i></p> <p><input type="checkbox"/> 1 MALE</p> <p><input type="checkbox"/> 2 FEMALE</p> <p><input type="checkbox"/> 3 TRANSGENDER</p> <p><input type="checkbox"/> 7 REFUSED</p> <p><input type="checkbox"/> 8 DON'T KNOW</p>
Current Marital Status	<p><i>Are you now married, widowed, divorced, separated, never married, or living with a partner?</i></p> <p><input type="checkbox"/> 1 MARRIED</p> <p><input type="checkbox"/> 2 WIDOWED</p> <p><input type="checkbox"/> 3 DIVORCED</p> <p><input type="checkbox"/> 4 SEPARATED</p> <p><input type="checkbox"/> 5 NEVER MARRIED</p> <p><input type="checkbox"/> 6 LIVING WITH PARTNER</p> <p><input type="checkbox"/> 7 REFUSED</p> <p><input type="checkbox"/> 9 DON'T KNOW</p>

Current Educational Attainment	<p><i>What is the highest grade or level of school you have completed or the highest degree you have received? [HAND CARD – READ HAND CARD CATEGORIES IF NECESSARY. ENTER HIGHEST LEVEL OF SCHOOL.]</i></p> <p>[] 1 MIDDLE SCHOOL (JR HIGH SCHOOL) OR LESS</p> <p>[] 2 SOME HIGH SCHOOL, NO DIPLOMA</p> <p>[] 3 HIGH SCHOOL GRADUATE / GED OR EQUIVALENT</p> <p>[] 4 JUNIOR (2-YEAR) COLLEGE</p> <p>[] 5 TECHNICAL/ TRADE/ VOCATIONAL SCHOOL</p> <p>[] 6 SOME COLLEGE (4-YEAR COLLEGE OR UNIVERSITY)</p> <p>[] 6 COLLEGE GRADUATE (4-YEAR COLLEGE OR UNIVERSITY)</p> <p>[] 7 REFUSED</p> <p>[] 9 DON'T KNOW</p>
Annual Family Income	<p><i>What is your best estimate of the total income of all family members from all legal sources, before taxes, in [last calendar year in 4-digit format]?</i></p> <p>[ENTER INCOME] _____</p> <p>Codes:</p> <p>000000-999994 for \$0-\$999,994</p> <p>999995 for \$999,995+</p> <p>999997 for Refused</p> <p>999999 for Don't know</p> <p><i>[Respondents who don't know or refuse to provide their income]</i></p> <p><i>Which of the following is the category that your total family income from legal sources would be in?</i></p> <p>[] 1 Less than \$5,000</p> <p>[] 2 \$5,000 - \$10,000</p> <p>[] 3 \$10,000 - \$25,000</p> <p>[] 4 \$25,000 - \$50,000</p> <p>[] 5 \$50,000 or more</p> <p>[] 7 Refused</p> <p>[] 9 Don't know</p>
Current Employment Status	<p><i>We would like to know about what you do --are you working now, looking for work, retired, keeping house, a student, or what?</i></p> <p>[] 1 WORKING NOW</p> <p>[] 2 TEMPORARILY LAID OFF, SICK LEAVE OR MATERNITY LEAVE</p> <p>[] 3 LOOKING FOR WORK, UNEMPLOYED</p> <p>[] 4 RETIRED</p> <p>[] 5 DISABLED, PERMANENTLY OR TEMPORARILY</p> <p>[] 6 KEEPING HOUSE</p> <p>[] 7 STUDENT</p> <p>[] 8 CURRENTLY INCARCERATED</p> <p>[] 9 OTHER (SPECIFY):</p>

Health Insurance Coverage	<p><i>Are you covered by health insurance or some other kind of health care plan?</i></p> <p>[] 1 YES</p> <p>[] 2 NO</p> <p>[] 7 REFUSED</p> <p>[] 9 DON'T KNOW</p> <p><i>What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service (such as nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me all plans that you have.</i></p> <p><i>[CODE ALL THAT APPLY, HAND CARD WITH LIST OF ANSWERS. CAPI INSTRUCTION: DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.]</i></p> <p>[] 14 PRIVATE HEALTH INSURANCE</p> <p>[] 15 MEDICARE</p> <p>[] 16 MEDI-GAP</p> <p>[] 17 MEDICAID ({IF AVAILABLE, DISPLAY STATE PLAN NAME})</p> <p>[] 18 SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM)</p> <p>[] 19 MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)</p> <p>[] 20 INDIAN HEALTH SERVICE</p> <p>[] 21 STATE-SPONSORED HEALTH PLAN ({IF AVAILABLE, DISPLAY STATE PLAN NAME})</p> <p>[] 22 OTHER GOVERNMENT PROGRAM</p> <p>[] 23 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)</p> <p>[] 40 NO COVERAGE OF ANY TYPE</p> <p>[] 77 REFUSED</p> <p>[] 99 DON'T KNOW</p>
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